



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

MEDICAID HOSPICE Policy Manual

Section: ELIGIBILITY FOR SERVICES

**Subject: Medicaid Hospice
Eligibility Requirements**

Reference: ARM 37.40.815; 42 CFR 418.20

ELIGIBILITY REQUIREMENTS

In order to be eligible for hospice care under Montana Medicaid, a member must meet the following conditions:

1. The member is eligible for Medicaid, and
2. The member's attending physician and the hospice medical director must certify that the member is terminally ill which means the member has a medical prognosis that his or her life expectancy is six months or less if the illness runs its normal course.